

Washington State – Integrated Community Mental Health Program

Section H. Enrollee Information and Rights

This section describes the process for informing enrollees and potential enrollees receive about the waiver program, and protecting their rights once enrolled. The information in this section (e.g., enrollee handbooks, enrollment information, PCP choice materials) is considered to be marketing material because it is sent directly to enrollees. However, the traditional marketing materials (e.g., billboards, direct mail, television and radio advertising) are addressed above in Section A (see A.III.a).

I. Enrollee Information - Understandable to Enrollees:

Previous Waiver Period

a. _____ During the last waiver period, the requirements for understandable enrollee information operated differently than described in the waiver governing that period. The differences were:

b. x [Required] Please provide copies of the brochure and informational materials explaining the program and how to enroll.

Upcoming Waiver Period – This section describes how the State ensures information about the waiver program is understandable to enrollees and potential enrollees. Please check all the items which apply to the State or MCO/PHP. For all items in this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Items which are required have "[Required]" in front of them. Checking a required item affirms the State's intent to comply. If the State does not check a required item, please explain why.

a. X [Required] The State will ensure that enrollee materials provided to enrollees by the State, the enrollment broker, and the MCO/PHP are clear and easily understandable.

b. X Enrollee materials will be translated into the languages listed below (If the State does not translate enrollee materials, please explain):

The State has chosen these languages because (check any that apply):

1. X The languages comprise all prevalent languages in the MCO/PHP service area.

2. X The languages comprise all languages in the MCO/PHP service area spoken by approximately 500 people or more of the population.

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3. _____ Other (please explain):

c. X Program information is available and understandable to non-English speaking enrollees whose language needs are not met through the provision of translated material described above. Please describe.

Please see Section AIII Program Impact #6 on page 23.

d. X [Required] Translation services are available to all enrollees, regardless of languages.

e. X Every new enrollee will have access to a toll-free number to call for questions. Please note if the State requires TTY/TDD for those with hearing/speech impairments.

The state requires each RSN to have access for those who are deaf or hard of hearing. WAC 388-865-0260;-0410;-0415 all contain requirements.

f. X The State requires MCO/PHP enrollee information materials to be translated into alternative formats for those with visual impairments.

II. Enrollee Information - Content:

Previous Waiver Period

a. _____ During the last waiver period, the enrollee information requirements operated differently than described in the waiver governing that period. The differences were:

Upcoming Waiver Period -- This section describes the types of information given to enrollees and potential enrollees. Please check all that apply. For all items in this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Items which are required have "[Required]" in front of them. Checking a required item affirms the State's intent to comply. If a required item is not checked, please explain why.

a. **Information provided by the State and/or its Enrollment Broker.** The State and/or its enrollment broker provides the following information to enrollees and potential enrollees.

1. _____ Every new enrollee will be given a brief in-person presentation describing how to appropriately access services under the managed care system and advising them of enrollees' rights and responsibilities.

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2. ☒ An initial notification letter
3. ☒ Informational materials describing how to appropriately access services under the managed care system and advising them of enrollees' rights and responsibilities.
4. ☐ A form for enrollment in the waiver program and selection of a plan
5. ☒ A list of plans serving the enrollee's geographical area
6. ☐ Comparative information about plans
7. ☐ Information on how to obtain counseling on choice of MCOs/PHPs
8. ☒ Detailed provider network listings
9. ☐ A new Medicaid card which includes the plan's name and telephone number or a sticker noting the plan and/or PCP's name and telephone number to be attached to the original Medicaid card (please specify which method);
10. ☒ ~~A health risk assessment~~ *mental health screening* to identify conditions requiring immediate attention.
11. ☐ Information concerning the availability of special services, expertise, and experience offered by MCO/PHPs and providers
12. ☒ [Required] Information explaining the grievance procedures *at the RSN* and how to exercise due process rights and their fair hearing rights.
13. ☐ [Required for MCOs with lock-in periods] Information about their right to disenroll without cause the first 90 days of each enrollment period. (See A.III.b.5)
14. ☐ [Required for MCOs] Information on how to obtain services not covered by the MCO/PHP but covered under the State plan.
15. ☐ [Required for MCOs] For enrollees in lock-in period, notification 60 days prior to end of enrollment period of right to change MCOs/PHPs (See A.III.b.5)
16. ☐ Other items (please explain):

b. Information provided by the MCO/PHP The State requires the MCO/PHP to provide, written information on the following items to enrollees and potential enrollees. Unless otherwise noted, required items must be provided upon actual enrollment

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into the MCO/PHP (the BBA requires some information be provided only upon request). Please check all that apply.

1. ☒ [MCOs required to provide upon request] Enrollee rights.
2. ☒ [MCOs required to provide upon request] Enrollee responsibilities.
3. ☒ [MCOs required to provide upon request] Names, locations, qualifications and availability of network providers, including information about which providers are accepting new Medicaid enrollees and any restrictions on enrollees' ability to select from among network providers.
4. ☒ [MCOs required to provide upon request] Amount, duration and scope of all benefits (included and excluded).
5. ☐ [MCOs required to provide upon request] Physician incentive program, including (1) if the MCO has a PIP that covers referral services; (2) the type of incentive arrangement; (3) whether stop-loss protection is provided; and (4) a summary of survey results, if a survey is required.
6. ☐ [Required for MCOs] The PHP enrollee materials (either through the enrollee handbook, semi-annual or annual open enrollment materials, or by some other means) annually disclose to enrollees their right to adequate and timely information related to physician incentives.
7. ☒ [MCOs and PHPs required to provide upon request *and* upon enrollment] Information explaining the complaints and grievance procedures for resolving enrollee issues, including issues relating to authorization of, coverage of, or payment for services.
8. ☒ [Required for MCOs] Procedures for obtaining services, including authorization requirements.
9. ☒ [Required for MCOs] After-hours and emergency coverage. The State ensures enrollee access to emergency services by requiring the MCO to provide the following information to all enrollees [note: these items are required of MCOs only; however, please fill in if applicable for PHPs]:
 - i. ☒ the right to use participating and non-participating *mental health* providers
 - ii. ☒ definition of emergency *mental health* services
 - iii. ☒ the prudent layperson definition of emergency *mental health* medical

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condition

iv. _____ the prohibition on retrospective denials for services that meet the prudent layperson definitions (e.g., to treat what appeared to the enrollee to be an emergency medical condition at the time the enrollee presents at an emergency room)

v. x the right to access emergency *mental health* services without prior authorization

10. x [Required for MCOs] Procedures for obtaining non-covered or out-of-area *mental health* services.

11. x [Required for MCOs] Any special conditions or charges that may apply to obtaining *mental health* services.

12. _____ [Required for MCOs and PHPs] The right to obtain family planning services from any Medicaid-participating provider

13. _____ [Required for MCOs] Policies on referrals for specialty care and other services not furnished by the enrollee's primary care provider.

14. _____ [Required for MCOs] Charges to enrollees, if applicable.

15. x [Required for MCOs] Procedures for changing primary care providers.

16. _____ Procedures for obtaining mental health, substance abuse, and developmental disability services.

17. x Procedures for recommending changes in *mental health* policies or services.

18. x The covered service area.

19. x Notification of termination or changes in *mental health* benefits, services, service sites, or affiliated providers (if the enrollee is affected). Notices are provided in a timely manner.

20. _____ A description of new technology or new technology acceptance policies which are included as covered benefits.

21. x Enrollees' right to obtain information about the MCO/PHP, including information standards, utilization control procedures and the financial condition of the organization.

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22. _____ Other (please describe):

III. Enrollee Rights:

Previous Waiver Period

a. _____ During the last waiver period, the requirements for enrollee rights operated differently than described in the waiver governing that period. The differences were:

Upcoming Waiver Period -- For items a. through n. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Please check any of the processes and procedures in the following list the State requires to ensure that contracting MCOs/PHPs protect enrollee rights. The State requires MCOs/PHPs to:

- a. ☒ Have written policies with respect to enrollee rights.
- b. ☒ Communicate policies to enrollees, staff and providers.
- c. ☒ Monitor and promote compliance with their policies by staff and providers.
- d. ☒ Ensure compliance with Federal and State laws affecting the rights of enrollees such as all Civil rights and anti-discrimination laws.
- e. ☒ Implement procedures to ensure the confidentiality of *mental* health and medical records and of other information about enrollees.
- f. ☒ Implement procedures to ensure that enrollees are not discriminated against in the delivery of medically necessary services.
- g. ☒ Ensure that all services, both clinical and non-clinical, are accessible to all enrollees, including special populations.
- h. ☒ Ensure that each enrollee may select his or her primary care provider from among those accepting new Medicaid enrollees.
- i. ☒ Ensure that each enrollee has the right to refuse care from specific providers.
- j. ☒ Have specific written policies and procedures that allow enrollees to have access to his or her medical records in accordance with applicable Federal and State laws.

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k. ☒ Comply with requirements of Federal and State law with respect to advance directives *for psychiatric care*.

l. ☒ Have specific written policies that allow enrollees to receive information on available treatment options or alternative courses of care, regardless of whether or not they are a covered benefit.

m. ☒ Allow direct access to *mental health* specialists for beneficiaries with long-term or chronic care needs (e.g., severely and persistently mentally ill adults or severely emotionally disturbed children)

n. _____ Other (please describe):

IV. Monitoring Compliance with Enrollee Information and Enrollee Rights

Previous Waiver Period

a. _____ During the last waiver period, the State monitored compliance with enrollee information and rights differently than described in the waiver governing that period. The differences were:

b. ☒ [Required for all elements checked in the previous waiver submittal]
Please include the results from monitoring MCO/PHP enrollee information and rights in the previous two year period, including a summary of any analysis and corrective action taken [items H.IV.a-d of 1999 initial preprint; item A.22 of 1995 preprint].

This monitoring takes place at the annual on-site visits of the QA & I team at all levels of monitoring, the RSN administrative level, the medical audit & licensing and certification. Results of this monitoring has been positive in the most part however, there were times when consumers did not receive a copy of their rights especially when services are provided out of the facility. As such, the MHD clarified its expectations in both the WAC and the 01-03 contract.

The QA & I team and other MHD staff is required to sign oaths of confidentiality forms. The QA&I team also positively reports the requests of them to sign confidentiality forms on-site.

Upcoming Waiver Period – For items a. through d. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response. Please check any of the processes and procedures the State uses to monitor compliance with its requirements for enrollee information and rights.

a. ☒ The State tracks disenrollments and reasons for disenrollments or requires MCOs/PHPs to track disenrollments and reasons for disenrollments and to

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submit a summary to the State on at least an annual basis.

b. ☒ The State will approve enrollee information prior to its release by the MCO/PHP.

c. ☒ The State will monitor MCO/PHP enrollee materials for compliance in the following manner (please describe):

The MHD looks at materials through contract deliverables and through routine on-site activities.

d. ☒ The State will monitor the MCO/PHPs compliance with the enrollee rights provisions in the following manner (please describe):

The MHD QA & I team look to ensure rights are posted in visible locations and are translated. This is also a reason for complaint or grievance that is tracked by the state. Additionally, the MHD is planning through the use of federal block grant funds to spend time working to compile all sets of rights into one document instead of many and have them translated for use statewide. We will not have the answer to this request from SAMHSA until later in the year.